



Community Emergency Response Team (CERT) Application

Basic Information

Last Name

First Name

Day Phone:

Evening Phone:

Cell Phone:

Email Address

Street Address

City

State

Zip Code

Do you live or work in Bellevue?

☐ Live

☐ Work

☐ Neither

If neither, what is your interest in taking CERT in Bellevue?

Do you have an allergy to latex?

☐ Yes

☐ No



Office of Emergency Management

I certify that the information contained in this application is true and completed to the best of my knowledge. My printed name below serves as my authorized electronic signature.

Printed Name

Date

Done? Make sure to submit this application to OEMPublicEd@bellevuewa.gov, or mail to P.O. Box 90012 Bellevue, WA 98009. Thank you so much!